



DISTRICT OF COLUMBIA FIRE AND EMS DEPARTMENT

F&EMSD Form 157.1
New 03/07

Ride-Along Operations Assessment Program Application

Please complete and submit this application, along with the "Liability/Privacy Waiver" to the Office of Information and Privacy, 1923 Vermont Avenue, N.W., Suite 201S, Washington, D.C. 20001. You may contact the Office of Information and Privacy at 202-673-3320 prior to the requested ride-along date to determine approval.

This program is voluntary and conducted in the interest of operational assessment. The D.C. Fire and Emergency Medical Services Department reserves the right to limit or exclude any person from participation in the program when it is deemed that the person's participation would not be in the best interest of the department, any of its individual members, or the public; or, when it might reasonably be construed that a conflict of interest may exist or come to exist between the applicant and the department or its mission.

Full Name: _____ Date of Birth: _____

Home Address: _____

Home Telephone No.: _____ Work Telephone No.: _____

1. If you are affiliated with a Fire/EMS Department, government entity, or other organization; give name of organization and position in organization. _____
2. Give reason you request to ride _____

3. Date of Ride: _____ Hours of Ride: _____ Unit: _____

4. Have you previously ridden with the DC FEMS Department? YES ☐ NO ☐

5. Have you previously been refused participation in this program? YES ☐ NO ☐

If yes, give reason: _____

6. In the event of an emergency, the following person should be contacted:

Name: _____ Phone: _____ Relation: _____

I affirm that the information provided in this application is true and correct to the best of my knowledge.

Signature: _____ Date: _____

Distribution: Original - Office of Information and Privacy
Copy - DFC Operations or EMS Chief
Copy - Participant

Ride-Along Program Liability/Privacy Waiver

Liability

I, _____, do hereby assume any and all risk and liability for any and all damages. Losses, personal injuries or death which I might suffer or sustain while in a motor vehicle, including emergency apparatus, or in any building, property or premises owned or operated by the D.C. Fire and Emergency Medical Services Department ("Department") or the District of Columbia Government ("District of Columbia"). Furthermore, I do hereby, for myself, my heirs, executors and administrators, release and discharge the Department, the Government of the District of Columbia, and all agents or employees, from any and all claims for losses, damages, expenses, personal injuries or death which might be sustained in connection with my presence in a Department motor vehicle or in any building or on any property or premises owned or operated by the Department or the District of Columbia.

Privacy

I have been advised of the obligations of the D.C. Fire and Emergency Medical Services Department relative to the Health Insurance Portability and Accountability Act (HIPAA). I understand that disclosure of protected health information without the prior written consent of the patient will subject me to civil penalties under the federal law. Further, I understand that it is not the intent of the D.C. Fire and Emergency Medical Services Department to release protected health information to me; however, if I become aware of any individually identifying patient information, including but not limited to, birth date, social security number, name, address, telephone number, or anything else that could specifically identify an individual, I agree to keep the information confidential and not to disclose this information to any other person or entity.

This release expires on the **day of** **in the year of**

Participant's Signature	Date
Address	Phone No.

The above agreement is approved for the District of Columbia Government and the D.C. Fire and Emergency Medical Services Department.

_____ Approving Official	_____ Title
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